2000 California Adjustments —Residents

CA (540)

lm	portant: Attach this schedule directly behind Form 540, Side 2.					
Nam	e(s) as shown on return		S	ocial security nu	mber	
						+
Pai	t I Income Adjustment Schedule		Α	В		С
Sec	tion A –Income		Federal Amounts (taxable amounts from your federal return)	Subtrac See instru	tions uctions	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7				
8	Taxable interest income	8				
9	Ordinary dividends	9				
10	State tax refund. Enter the same amount in column A and column B	40		l l		
11	Alimony received	11				<u></u>
12	Business income or (loss)					
13	Capital gain or (loss)	13				
14	Other gains or (losses)	14				
15	Total IRA distributions. See instructions. (a)					
16	Total pensions and annuities. See instructions. (a)	(b)				
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17				
18	Farm income or (loss)	18				
19	Unemployment compensation. Enter the same amount in column A and column B	19				
20	Social security benefits (a)	(b)				
21	Other income.			(a		a ////////////////////////////////////
	a California lottery winnings e NOL from FTB 3805Z, 3806, or 3807			_	/////	, b
	b Disaster loss carryover from FTB 3805V f Other (describe)	21		_ {	/////	C 77777777777777
	c Federal NOL (Form 1040, line 21)			d		d ////////////////////////////////////
	d NOL carryover from FTB 3805V			e		e <u>///////</u>
				`f		f
22	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in					
	column B and column C. Go to Section B	22		_		
	tion B -Adjustments to Income	22		V//////	/////	X/////////////////////////////////////
23 24	IRA deduction	24		- //////		
25	Medical savings account deduction	24		- \//////		}////////////////////////////////////
26	Moving expenses	26		- \/////		
27	One-half of self-employment tax					<i>}////////////////////////////////////</i>
28	Self-employed health insurance deduction					}////////////////////////////////////
29	Keogh and self-employed SEP and SIMPLE plans	20				
30	Penalty on early withdrawal of savings			- \//////		
	Alimony paid. (b) Recipient's: SSN					<i>X / / / / / / / / / / / / / / / / / / /</i>
014		31a				
32	Add line 23 through line 31a in columns A, B, and C				/////	1
33	Total. Subtract line 32 from line 22 in columns A, B, and C. See the instructions					
		33				
Pai	rt II Adjustments To Federal Itemized Deductions					
35	Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines	4, 9,	14, 18, 19, 26, an	d 27	35	
36	Enter total of federal Sch. A, line 5 (state and local income tax and State Disability Inst	urand	ce) and line 8 (fore	ign taxes only)	36	
37	Subtract line 36 from line 35					
38	Other adjustments including California lottery losses. See instructions. Specify				38	
39	Combine line 37 and line 38				39	
40	Is the amount on Form 540, line 13 more than the Is the amount you entered				_	
	amount shown below for your filing status? than your standard dedu	ction	below?	Φ0.044)	
	Single or married filing separate \$124,246 Single or married filing so Married filing joint or qualifying widow(er) \$248,494 Married filing joint, head			ֆΖ,δΙΙ		
	Head of household\$186,370 qualifying widow(er)			\$5.622	40	
	NO. Transfer the amount on line 39 to line 40. YES. Transfer the amou	nt on	line 40 to Form 5	540, line 18.		
	YES. Complete the Itemized Deductions Worksheet in the instructions for Sch. CA (540), line 40.	rd de	duction on Form (540, line 18.	,	

TAXABLE YEAR

2000

Depreciation and Amortization Adjustments Do not complete this form if your California depreciation amounts are the same as federal amounts.

CALIFORNIA FORM

3885A

Name(s) as shown on return	Business or activity to	which Form FTB 3885A relates	Social s	Social security number					
				<u> </u>					
Part I Identify the activity as passive or nonpassiv	,								
1 ☐ This form is being completed for a passive acti	•	n is being completed for a	a nonpassive ac	tivity.					
Part II Election to Expense Certain Tangible Prope				2					
2 Enter the amount from line 12 of the worksheet in Part III Depreciation (a)	(b)		(d)	2					
Part III Depreciation (a) Description of property placed in service during 2000	Date placed in service	(c) California basis for depreciation	Method	Life or rate	(f) 2000 California depreciation deduction				
3	III our vice	Tot doproduction		1410	doproduction doddoction				
4 Add the amounts on line 3, column (f)				4					
5 California depreciation for assets placed in service	prior to 2000			5					
6 Total California depreciation from this activity. Add									
7 Total federal depreciation from this activity. Enter									
8 a If line 6 is more than line 7, enter the difference					•				
b If line 6 is less than line 7, enter the difference									
Part IV Amortization (a) Description of cost amortizable during 2000	(b) Date placed in service	(c) California basis for amortization	Code section p	(e) Period or ercentage	(f) 2000 California amortization deduction				
9	551 1155	TOT AMOTELLATION	p p	oroomago	amorazaton doddonon				
10 Total California amortization from this activity. Add	I the amounts on line 9,	column (f)		10					
11 California amortization of costs that began before									
12 Total California amortization from this activity. Add									
13 Total federal amortization from this activity. Enter	•								
14 a If line 12 is more than line 13, enter the difference									
b If line 12 is less than line 13, enter the differer	ice nere and see instruc	uons		141	J				
TAXABLE YEAR	0-1 1		.1		SCHEDULE				
California Capital									
2000 Do not complete this schedule if all o	of your California gains ((losses) are the same as y	our federal gai	ns (losses).	D				
(a) Description of property (identify S corporation stock) Example 100 shares of "Z" (S stock)	(b) Sales price	(c) Cost or other basis	Loss. If (c) is	more than	(e) Gain. If (b) is more than				
			(b), subtract (b) from (c)	(c), subtract (c) from (b)				
1a									
1b									
2 Net gain or (loss) shown on California Schedule(s		nd 1008)	2						
3 Capital gain distributions (federal Form 1099-DIV,		,		3					
4 Total 2000 gains from all sources. Add column (e)									
5 2000 loss. Add column (d) amounts of line 1 and									
6 California capital loss carryover from 1999, if any.									
7 Total 2000 loss. Add line 5 and line 6									
8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10									
9 If line 8 is a loss, enter the smaller of: (a) the	If line 8 is a loss, enter the smaller of: (a) the loss on line 8; or								
(b) \$3									
10 Enter the amount from federal Form 1040, line 13									
11 Enter the California gain from line 8 or loss from I									
12 a If line 10 is more than line 11, enter the differe									
b If line 10 is less than line 11, enter the differen	ce here and on Schedul	E OA (340 OF 34UNK), IIN	t 13, COL U	121					